

SECTION 2

PSYCHOLOGY SERVICES

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1 PSYCHOLOGY SERVICES

1 - 1 General Policy

Outpatient psychology services provided by licensed psychologists are limited to children who are eligible for the CHEC program through Medicaid **and** who are **not** enrolled in a Prepaid Mental Health Plan (PMHP). **See Chapter 1 - 3, Definitions, for the definitions of CHEC and PMHP.** Children enrolled in a PMHP must receive psychologist services from the mental health center printed on the Medicaid Identification Card.

There are THREE exceptions to the rule that these children must receive all psychologist services from the mental health center identified on the Medicaid Identification Card :

Exception 1: Children in Foster Care

Children in foster care or under state custody are enrolled in a Prepaid Mental Health Plan **for inpatient mental health services only**. These children may receive *outpatient* psychologist services from licensed psychologists in private practice. However, if a child is in a residential treatment program, either all or some psychologist services (i.e., psychiatric diagnostic interview examination, psychological testing, individual psychotherapy and group psychotherapy) are included in the daily rate paid to the residential program. Psychologists must contact the residential treatment program before providing services and arrange for reimbursement from the residential treatment program.

Exception 2: Children enrolled in Health Plans--including children in State custody

Health Plans are responsible for diagnostic work-ups for developmental disorders and organic disorders. Therefore, psychological evaluation and testing to assess these disorders are covered by the child's Health Plan. If the child is not enrolled in a Health Plan, these services would be covered under this program.

Exception 3: Children in subsidized adoptions who have been formally exempted from the PMHP by the Medicaid agency-

Such exemptions are on a case-by-case basis only and must be requested by the child's adoptive parent.

Please note: If a child is in a residential treatment program, either all or some psychologist services (i.e., psychiatric diagnostic interview examination, psychological testing, individual psychotherapy and group psychotherapy) are included in the daily rate paid to the residential program. Psychologists must contact the residential treatment program before providing services and arrange for reimbursement from the residential treatment program.

Location of Services: Psychology services may be provided in the psychologist's office, an outpatient hospital setting, or other appropriate setting, to Medicaid clients who meet the specific criteria as outlined in this manual.

NOTE: Psychology services provided to inpatients of a hospital are NOT eligible for reimbursement under the Medicaid Psychology Program. Such services are covered either (1) by a Prepaid Mental Health Plan for patients who are enrolled in a PMHP or (2) if the patient is not enrolled in a PMHP, in the DRG payment to the hospital.

1 - 2 Qualified Psychologists

Psychology services must be provided by:

1. a licensed psychologist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated, or
2. a certified psychology resident working under the supervision of a licensed psychologist.

See Title 58, Chapter 60, of the Utah Code Annotated for the applicable practice act, or the practice act rule for **any** supervision requirements.

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1 - 3 Definitions

CHEC: Child Health Evaluation and Care is Utah's version of the federally mandated Early Periodic screening Diagnosis and Treatment (EPSDT) program. All Medicaid eligible clients from *birth through age twenty* are enrolled in the CHEC program. The only exception to this policy is that Medicaid clients age 19 and older enrolled in the Non-Traditional Medicaid Plan are **not** eligible for the CHEC program. The Medicaid Identification Cards for individuals enrolled in the Non-Traditional Medicaid Plan are blue in color and specify that the individual is enrolled in this plan.

Prepaid Mental Health Plan (PMHP): A managed care plan offering coverage for mental health care services. The services covered are specified in the PMHP contract with Medicaid. Medicaid clients in certain geographic areas of the state receive inpatient and outpatient mental health services through selected contractors (community mental health centers) paid on a capitation basis.

Health Plan: A plan that contracts with the Medicaid agency, the Division of Health Care Financing, to provide medical services to individuals covered by Medicaid.

1 - 4 Treatment Plan

- A. If it is determined the individual needs psychological services, the psychologist must develop an individualized treatment plan.
- B. The treatment plan is a written, individualized plan which contains measurable treatment goals related to problems identified in the psychiatric diagnostic interview examination. The treatment plan must be designed to improve and/or stabilize the client's condition.
- C. The treatment plan must include the following:
 - 1. measurable treatment goals developed in conjunction with the client;
 - 2. the treatment regimen—the specific treatment methods that will be used to meet the measurable treatment goals;
 - 3. a projected schedule for service delivery, including the expected frequency and duration of each treatment method; and
 - 4. the credentials of individuals who will furnish the services.
- D. Long-term goals or discharge plan.

1 - 5 Documentation

- A. The provider must develop and maintain sufficient written documentation for each medical or remedial therapy, service, or session for which billing is made.
- B. See Chapter 2, Scope of Services, for documentation requirements specific to each service.
- C. The clinical record must be kept on file, and made available for State or Federal review, upon request.

2 SCOPE OF SERVICES

Psychological services include the following:

- Psychiatric Diagnostic Interview Examination (Evaluation);
- Psychological Testing;
- Individual Psychotherapy (Individual Therapy);
- Family Psychotherapy (Collateral Therapy); and
- Group Psychotherapy (Group Mental Health Therapy)

Prior authorization is not required for services provided on or after October 1, 2003. See Chapter 3 for more information on this change.

2 - 1 Psychiatric Diagnostic Interview Examination (Initial Evaluation)

Psychiatric diagnostic interview examination means a face-to-face evaluation to determine the existence, nature and extent of a mental illness or disorder for the purpose of identifying the client's need for mental health services, with interpretation and report. This service also includes interactive psychiatric diagnostic interview examinations which involve the use of physical devices, play equipment, language interpreter, or other mechanisms of non-verbal communication to aid in the examination.

Record: Psychiatric Diagnostic Interview Examination:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered (i.e., psychiatric diagnostic interview examination);
5. summary of psychiatric diagnostic interview examination findings that includes:
 - a. history;
 - b. diagnoses; and
 - c. summary of recommended mental health treatment services, and other recommended services as appropriate; and
6. signature and title of individual who rendered the service.

Unit: **90801 - Psychiatric Diagnostic Interview Examination - per 15 minutes;**

90802 - Psychiatric Diagnostic Interview Examination - Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication - **per 15 minutes**

When billing or reporting these procedures, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits:

1. The initial evaluation session is limited to individuals eligible for EPSDT (CHEC) services.
2. The initial evaluation for children with a developmental disorder or organic disorder who are enrolled in a Health Plan is covered by the Health Plan.

The following services are not covered services under Medicaid and may not be billed to Medicaid:

3. Evaluations which are not medically necessary or are for the purpose of court determinations only, including but not limited to such issues as custody or visitation, are **not** a covered service.
4. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
5. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

2 - 2 Psychological Testing

Psychological testing means a face-to-face evaluation to determine the existence, nature and extent of a mental illness or disorder using psychological tests appropriate to the client's needs, including psychometric, diagnostic, projective, or standardized IQ tests, with interpretation and report.

- Record:**
1. date(s) and actual time(s) of testing;
 2. duration of the testing;
 3. setting in which the testing was rendered;
 4. specific service rendered;
 5. signature and title of individual who rendered the service; and
 6. written test reports which include:
 - a. brief history
 - b. tests administered;
 - c. test scores;
 - d. evaluation of test results;
 - e. current functioning of the examinee;
 - f. diagnoses;
 - g. prognosis; and
 - h. specific treatment recommendations for mental health services, and other recommended services as appropriate.

Unit: **96101 - Psychological Testing** - includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI, with interpretation and report - **per hour**

96105 - Assessment of Aphasia - includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading spelling, writing, e.g., Boston Diagnostic Aphasia Examination, with interpretation and report - **per hour**

96110 - Developmental Testing: limited - e.g., Developmental Screening Test II, Early Language Milestone Screen, with interpretation and report - **per hour**

96111 - Developmental Testing: extended - includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development, with interpretation and report - **per hour**

96116 - Neurobehavioral Status Exam - Clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning, with interpretation and report - **per hour**

96118 - Neuropsychological Testing Battery - e.g., Halstead-Reitan, Luria, WAIS-R, with interpretation and report - **per hour**

When billing or reporting these procedure codes, round to the nearest full unit. For example, 1 hour and 29 minutes of service equals 1 unit and 1 hour and 30 minutes of service equals 2 units.

Limits:

1. Psychological testing is limited to individuals eligible for EPSDT (CHEC) services.
2. Individuals who are residents of an ICF/MR are not eligible for this service. The cost of this service is included in the rate paid to the ICF/MR.
3. Psychological testing, including neuropsychological testing, for children with a developmental disorder or organic disorder who are enrolled in a Health Plan is covered by the Health Plan.

The following services are not covered services under Medicaid and may not be billed to Medicaid:

4. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
5. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

2 - 3 Individual Psychotherapy (Individual Therapy)

Individual therapy means face-to-face interventions with an individual client with the goal of alleviating the emotional disturbance, reversing or changing maladaptive patterns of behavior, and encouraging personality growth and development so that the client may be restored to his/her best possible functional level. Services are based on measurable treatment goals identified in the client's individual treatment plan. Individual psychotherapy includes insight oriented, behavior modifying and/or supportive psychotherapy, and interactive psychotherapy.

Interactive psychotherapy involves the use of physical devices, play equipment, language interpreter, or other mechanisms of non-verbal communication.

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. clinical note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

Unit: **Individual Psychotherapy** - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility

90804 - approximately 20 to 30 minutes face-to-face with the patient

90806 - approximately 45 to 50 minutes face-to-face with the patient

90808 - approximately 75 to 80 minutes face-to-face with the patient

Individual Psychotherapy - Interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility

90810 - approximately 20 to 30 minutes face-to-face with the patient

90812 - approximately 45 to 50 minutes face-to-face with the patient

90814 - approximately 75 to 80 minutes face-to-face with the patient

When billing or reporting any of the above psychotherapy treatment codes, round minutes to the nearest appropriate code. For example, if an individual therapy session lasts 37 minutes, use the applicable procedure code with a 20-30 minute time frame. If an individual therapy session lasts 38 minutes, use the applicable procedure code with a 45-50 minute time frame.

Limits: 1. Individual therapy is limited to individuals eligible for EPSDT (CHEC) services.

The following services are not covered services under Medicaid and may not be billed to Medicaid:

2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

2 - 4 Family Psychotherapy

Family psychotherapy with patient present means face-to-face interventions with a family with the goal of evaluating and treating the client's condition, including the impact the client's condition has on the family, with therapy aimed at improving the interaction between the client and family members so that the client may be restored to his/her best possible functional level. Services are based on measurable treatment goals identified in the client's individual treatment plan.

Family psychotherapy without patient present means a collateral therapy session with family member(s) without the identified client present in the session to evaluate and treat the client's condition, with attention given to the impact the client's condition has on the family, with therapy aimed at improving the interaction between the client and family member(s) so that the client may be restored to his/her best possible functional level.

Record: For each session:

1. date and actual time of the service;
2. duration of the service;

3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. clinical note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

Unit: **90847 - Family Psychotherapy - with patient present - per 15 minutes**

90846 - Family Psychotherapy - without patient present - per 15 minutes*

When billing or reporting these procedure codes, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: 1. Individual therapy is limited to individuals eligible for EPSDT (CHEC) services.

The following services are not covered services under Medicaid and may not be billed to Medicaid:

2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

2 - 5 Group Psychotherapy (Group Therapy)

Group psychotherapy means face-to-face interventions with two or more clients in a group setting in an effort to change individual behavior, alleviate emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development through interpersonal exchanges so that the clients may be restored to their best possible functional level. Interactive group psychotherapy involves the use of physical devices, play equipment, language interpreter, or other mechanisms of non-verbal communication.

Services are based on measurable treatment goals identified in the client's individual treatment plan. Groups should not exceed 10 individuals unless a co-therapist who also meets qualifications for provision of this service is present. Medicaid reimbursement may be claimed only for the Medicaid eligible clients in the group.

Multiple-family group psychotherapy means face-to-face interventions with two or more clients and their families with the goal of evaluating and treating the clients' condition(s), including the impact of the clients' condition(s) on their families, with therapy aimed at improving the interaction between the clients and their family members so that the clients may be restored to their best possible functional level.

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;

5. treatment goal(s);
6. monthly or per session clinical note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

If a clinical note summarizing progress toward treatment goals is written for each group session, then a monthly progress note is not also required.

Unit: **90849 - Multiple-Family Group Psychotherapy** - Multiple-family group psychotherapy - **per 15 minutes per client**

90853 - Group Psychotherapy - Group psychotherapy (other than of a multiple-family group) - **per 15 minutes per client**

90857 - Group Psychotherapy - Interactive group psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication - **per 15 minutes per client**

When billing or reporting these procedure codes, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: 1. Group therapy is limited to individuals eligible for EPSDT (CHEC) services.

The following services are not covered services under Medicaid and may not be billed to Medicaid:

2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

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3 PRIOR AUTHORIZATION

Prior authorization is no longer required for this program.

See Chapter 1-1, General Policy, for limitations regarding providing psychology services.

4 REVISED PROCEDURE CODES FOR PSYCHOLOGY SERVICES rendered on or after October 1, 2003

For each date of service, enter the appropriate five digit procedure code and modifier as indicated below:

Revised Codes	Service and Units	Limits per Patient
90801	Psychiatric Diagnostic Interview Examination - per 15 minutes;	No limit
90802	Psychiatric Diagnostic Interview Examination - Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication - per 15 minutes	No limit
96101	Psychological Testing - includes psychodiagnostic assessment of personality, psycho-pathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI, with interpretation and report - per hour	No limit
96105	Assessment of Aphasia - includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading spelling, writing, e.g., Boston Diagnostic Aphasia Examination, with interpretation and report - per hour	No limit
96110	Developmental Testing: limited - e.g., Developmental Screening Test II, Early Language Milestone Screen, with interpretation and report - per hour	No limit
96111	Developmental Testing: extended - includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development, with interpretation and report - per hour	No limit
96116	Neurobehavioral Status Exam - Clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning, with interpretation and report - per hour	No limit
96118	Neuropsychological Testing Battery - e.g., Halstead-Reitan, Luria, WAIS-R, with interpretation and report - per hour	No limit
	Individual Psychotherapy - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility	
90804	approximately 20 to 30 minutes face-to-face with the patient	No limit
90806	approximately 45 to 50 minutes face-to-face with the patient	No limit
90808	approximately 75 to 80 minutes face-to-face with the patient	No limit
	Individual Psychotherapy - Interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility	
90810	approximately 20 to 30 minutes face-to-face with the patient	No limit
90812	approximately 45 to 50 minutes face-to-face with the patient	No limit
90814	approximately 75 to 80 minutes face-to-face with the patient	No limit

90847	Family Psychotherapy - with patient present - per 15 minutes	No limit
90846	Family Psychotherapy - without patient present - per 15 minutes	No limit
90849	Multiple-Family Group Psychotherapy - Multiple-family group psychotherapy - per 15 minutes per client	No limit
90853	Group Psychotherapy - Group psychotherapy (other than of a multiple-family group)	No limit
90857	Group Psychotherapy - Interactive group psychotherapy - per 15 minutes per client	No limit

5 OLD PROCEDURE CODES FOR PSYCHOLOGY SERVICES rendered before October 1, 2003

NOTE: Prior authorization is required for all services rendered before October 1, 2003.

PROCEDURE CODES FOR PSYCHOLOGY SERVICES	
Codes	Service and Units
Y3200	Initial Evaluation, per 15 minutes
Y3205	Initial evaluation session for foster care children referred by DCFS, per 15 minutes
Y3206	Initial evaluation session for foster care children referred by DYC, per 15 minutes
Y3207	Initial evaluation session for children referred by DSPD, per 15 minutes
Y3220	Psychological testing, per 15 minutes
Y3225	Psychological testing for foster care children referred by DCFS, per 15 minutes
Y3211	Psychological testing for foster care children referred by DYC, per 15 minutes
Y3212	Psychological testing for children referred by DSPD, per 15 minutes
Y3230	Individual therapy, per 15 minutes
Y3235	Individual therapy for foster care children referred by DCFS, per 15 minutes
Y3213	Individual therapy for foster care children referred by DYC, per 15 minutes
Y3214	Individual therapy for children referred by DSPD, per 15 minutes
Y3240	Group therapy per hour, per 15 minutes
Y3245	Group therapy for foster care children referred by DCFS, per 15 minutes
Y3216	Group therapy for foster care children referred by DYC, per 15 minutes
Y3217	Group therapy for children referred by DSPD, per 15 minutes

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